

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A. Full Name (Last, First, Middle Initial)  
ROBERT ADERHOLT FOR CONGRESS**Mailing Address P. O. Box 1158  
940 HWY 13

City Haleyville State AL Zip Code 35565

Purpose of Disbursement

Candidate Name  
ROBERT B. ADERHOLTCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AL District: 04

**Transaction ID:** SB23.5062

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	6

Amount of Each Disbursement this Period

2500.00

**B. Full Name (Last, First, Middle Initial)  
SWEENEY FOR CONGRESS INC**

Mailing Address Post Office Box 1465

City Clifton Park State NY Zip Code 12065

Purpose of Disbursement

Candidate Name  
JOHN E. SWEENEYCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 20

**Transaction ID:** SB23.5042

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	0	6

Amount of Each Disbursement this Period

5000.00

**C. Full Name (Last, First, Middle Initial)  
TALENT FOR SENATE COMMITTEE**

Mailing Address 9467 DIELMAN ROCK ISLAND DRIVE

City SAINT LOUIS State MO Zip Code 63132

Purpose of Disbursement

Candidate Name  
JAMES M TALENTCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO District: 02

**Transaction ID:** SB23.15188

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	6

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

9500.00

**TOTAL** This Period (last page this line number only) .....